



INTEGRATED STATEWIDE INFORMATION SYSTEMS  
REQUEST FOR AFS REPORT DISTRIBUTION

**ACTION:**

- \_\_\_\_\_ - New
- \_\_\_\_\_ - Change
- \_\_\_\_\_ - Delete

Agency/Dept. Name (Please Print):

Agency Representative Name:

Work Telephone:

Title:

Work Mailing Address:

Appointing Authority Name:

Title:

|     | AGENCY | ORGN | LORGN | RPTG CAT | DIST CODE |
|-----|--------|------|-------|----------|-----------|
| 1.  |        |      |       |          |           |
| 2.  |        |      |       |          |           |
| 3.  |        |      |       |          |           |
| 4.  |        |      |       |          |           |
| 5.  |        |      |       |          |           |
| 6.  |        |      |       |          |           |
| 7.  |        |      |       |          |           |
| 8.  |        |      |       |          |           |
| 9.  |        |      |       |          |           |
| 10. |        |      |       |          |           |
| 11. |        |      |       |          |           |
| 12. |        |      |       |          |           |

**Authorization to Assign Report Distribution**

*(To be completed by Agency Security Administrator or representative of Appointing Authority)*

I verify that the report distribution assignment defined above is accurate and complete. I understand that this report distribution assignment provides permissions to valuable data and automated resources. I understand that the use of the report distribution assignment will be monitored and that all employees with this report distribution assignment are accountable for how it is used. I understand that all employees who are given this report distribution assignment are responsible to protect the resources they have been permitted by protecting the confidentiality of the information and data that is accessed through this report distribution assignment. I understand that should this report distribution assignment change, that I am to contact the Division of Administration SIS Security Administrator within one working day of the change in report distribution assignment.

**Agency Security Administrator**

Name (Please Print) \_\_\_\_\_

Title \_\_\_\_\_ Telephone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

I verify that all information that appears on this form is accurate and complete.

Agency Liaison Signature \_\_\_\_\_ Date \_\_\_\_\_

SIS office use only:

Signature \_\_\_\_\_ Date Completed: \_\_\_\_\_



## Report distribution SET-UP - AFS ISF027 FORM INSTRUCTIONS

Rev. 5/98

This form is used to assign selected Chart of Accounts data elements to report distribution mailcodes. This form cannot be used to add new mailcodes.

**Agency/Dept. Name:** The name associated with the report distribution number specified below.

**Work Telephone:** Work telephone number where agency representative can be reached.

**Work Mailing Address:** Address where information is to be mailed to the agency representative.

**Agency Representative Name:** Name of Agency Security Administrator or representative of Appointing Authority who is authorized to complete this form.

**Title:** Title of the position occupied by the agency representative named above.

**Appointing Authority Name:** Name of the person who is authorized to define the report distribution assignment.

**Title:** Title of the position occupied by the appointing authority.

**Action (box): Check only one of the following.** (submit a separate sheet for each action type required)

|        |  |
|--------|--|
| Add    | Assigns a new Chart of Accounts data element to an existing report distribution mailcode.      |
| Change | Changes the report distribution mailcode on an existing Chart of Accounts data element.        |
| Delete | Deletes existing report distribution mailcode from an existing Chart of Accounts data element. |

### **Set-Up and Authorization**

ISF027 form **MUST** be signed and dated by the Agency Security Administrator or Representative of the Appointing Authority and the Agency Liaison. The authorization section must be completed by the Agency Security Administrator before a report distribution mailcode will be assigned to a Chart of Accounts data element, or the information about an existing one, changed. The form should be verified for accuracy and legibility and the verification section should be completed by the Agency ISIS Liaison before a new report distribution assignment will be established, or the information about an existing one, changed.

## **Report Distribution Table (LRDT)**

### **Description:**

This table functions as a cross reference between selected Chart of Accounts data elements and report distribution. It will contain an entry for each Chart of Accounts data element associated with a report distribution mailcode. This table should be updated as each new data element is created in the AFS system. If a report distribution mailcode is not assigned for the applicable Chart of Accounts data element, the mailcode associated with the agency will be used.

### **Field Descriptions:**

|                         |  |
|-------------------------|--|
| <b><u>AGENCY</u></b>    | Identifies the agency number associated with an accounting structure. It is required for the following structures: AGENCY, ORGN, RPTG CAT.   |
| <b><u>ORGN</u></b>      | Identifies the Organization accounting structure. It is required for an ORGN entry only.   |
| <b><u>LORGN</u></b>     | Identifies the Louisiana Organization accounting structure. It is required for a LORGN entry only.   |
| <b><u>RPTG CAT</u></b>  | Identifies the Reporting Category accounting structure. It is required for a RPTG CAT entry only.  |
| <b><u>DIST CODE</u></b> | Identifies the Report Distribution Mailcode associated with the Chart of Accounts data element. A distribution code will be a <u>mail code with the ISF prefix removed</u> . For example, a mailcode for the DOA is ISF1070002. To distribute a Chart of Accounts data element, enter 1070002 for the Distribution Code. |